

**Residentially Based Services (RBS) Reform Project  
County Annual Report (CAR)**

<b>Demonstration Site:</b>  <b>Sacramento County</b>	<b>Reporting Period:</b>  <b>Calendar Year 2011</b>
<b>County Contact:</b>	
<b>Name: Geri Wilson</b>	
<b>Phone: (916) 337-7222</b>	
<b>Email: wils228@aol.com</b>	

Instructions: Pursuant to the legislative requirements for implementing RBS, each county participating in the RBS Reform Project shall prepare and submit an annual report. The report is to be developed in collaboration with the private nonprofit agency(ies) participating in the demonstration project. This County Annual Report (CAR) is to be prepared by the county as a single, comprehensive report for the reporting period. The report is prepared for each calendar year in which the RBS Reform Project is in operation and submitted to the California Department of Social Services (CDSS) by March 1 of the following year. Narrative responses must be provided to Sections A through H, as indicated below and on the following pages. Additional information may be attached as necessary.

**Section A - Client Outcomes:**

- 1. Complete the table below on the characteristics of the target population served in this reporting period.**

<b>Total Number of Youth:</b>	<b>Average Age of Youth:</b>	<b>Number of Youth who are:</b>	<b>Number of Youth who are:</b>	<b>Number of Youth Placed by:</b>
29	16	Male: 18  Female: 11	African-American: 13  Asian: 6  Caucasian: 7  Hispanic: 3  Other:	Probation: 14  Child Welfare: 15  Mental Health: n/a  Other:

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- 2. Using the Child Welfare Services/ Case Management System (CWS/CMS) outcome data provided by CDSS, address the following regarding any disenrollments, step downs to lower levels of care and/or achievements to permanency:**

**a. Describe any trends indicated by the data.**

The data provided in the CWS/CMS data reports do not accurately reflect the movement of youth to lower levels of care and the achievement of permanency for youth during this report period. It has not yet been possible to determine the reason for the discrepancy so, for the purpose of this report, the raw data reported in the RBS Days of Care Schedule, Attach II, for each of the RBS providers in the Sacramento RBS Program, will be used to address the data trends related to disenrollments, steps downs to lower levels of care and/or achievements to permanency. Sacramento County will work with CDSS over the next few months to ensure to correct any data input or reporting errors that may have contributed to the data fidelity issues.

During the 2011 report period, 12 of the 29 youth enrolled in RBS, representing almost 40%, transitioned from the Residential component of RBS to a lower level of care. Of the 12 youth that left Residential Care to a lower level of care, 9 were returned to their legal family of origin, 2 were placed with relatives and 1 youth was placed in foster care. However, subsequently 2 of the youth at home were briefly incarcerated due to Probation violations and eventually returned to group home care in other programs after disenrollment from the RBS program. A third youth returned to the RBS Residential component from foster care. Of the remaining 9 youth, 1 youth was discharged from RBS after successful graduation and the other 8 youth remain in Community Based Care with a family member.

The data also shows that approximately 50% of the youth who have transitioned to a lower level of care, did so within the projected program model target of 9 months or less. Just under 50% of the youth transitioned within 10-11 months and 1 youth, as an outlier, transitioned after 15 months.

Additionally, the data shows that the number of placement changes for youth enrolled in RBS has been very low with the majority of the youth not experiencing any change other than transitioning into the Community Based Care phase of the program.

One youth was discharged from RBS after being enrolled for only 2 months as a result of an extended AWOL when efforts by the Family Support Team to locate and reengage her were not successful.

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**b. Can any conclusions be made from the data? If yes, what are they? If no, why not?**

**[x] Yes [ ] No Explain:**

Sacramento RBS Program has seen early success in securing and supporting permanency for the majority of youth who transition from the Residential component of the program. However, 2 Probation youth were discharged from RBS after returning home when they committed multiple violations of their Probation. Although the number of youth enrolled in the RBS Program during the report period is statistically small, the discharge of 2 Probation youth from the RBS Program after they returned home indicates there is a need to ensure that Probation youth and families are fully prepared for the youth's return to the community and receive the needed services and supports during the Community Based Care phase of RBS that build on and solidify the success experienced during the Residential component of the program. Another consideration in the assessment of possible gaps in services and supports for Probation youth is the fact that the Juvenile Court would not sanction the use of Crisis Stabilization for Probation supervised youth which could have been an intervention that may have helped to stabilize the youth prior to considering discharge. In the absence of this option, it will be important to identify other types of stabilization interventions that can be accessed when crisis does occur.

The data also shows that, although the majority of youth are moving directly from the Residential component of RBS to family and a permanent connection, there are a number of youth that are not being transitioned into that Community Based Care within the target of 9 months. This suggests that there is a need to ensure a consistent focus on permanency planning for all youth in RBS that begins at the time of their enrollment and that permanency planning efforts include Concurrent Permanency Planning strategies so that youth have an alternative plan in place if the initial plan cannot be carried out. It is important to note, however, that although 50% of the youth who moved to Community Based Care exceeded the 9 month target for transition, the actual average number of months for transition, even with the 15 month outlier referenced in the subsection a. above, is 263 days, just under the average 9 months that has been projected for transition.

An additional conclusion that can be drawn from the data is that the RBS Program, by providing individualized, creative and flexible services that are youth and family driven, has been successful in limiting the number of placements for youth enrolled in the program. With the exception of 1 youth who returned to group home care from foster care, and the 2 youth who were incarcerated, all placement changes have been positive as youth have moved from the RBS Residential component to the Community Based Care component of the program with family members

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3. a. **Complete one attached excel document titled, “RBS Days of Care Schedule” for each RBS provider listing information for each youth enrolled in RBS since implementation of the Project. This document captures information on the total days in care in residential, community-based bridge care, after-care and crisis stabilization.**
- b. **For youth in crisis stabilization, what were the reasons for the returns to group home care for crisis stabilization?**

Two youth utilized Crisis Stabilization during their stay in the Community Based Care component of RBS. The reason for the brief return to the residential setting was different for each youth. The service was provided for 2 nights for one youth who had only briefly been placed in Community Based Care in a foster home. The youth was having difficulty integrating into the family and following the family rules. His behavior included brief AWOLs and verbal aggressiveness. The foster parents asked for help with stabilization and the youth was returned to the RBS Residential unit while the RBS staff worked with the youth toward behavior management.

Crisis Stabilization was used for a period of 1 night for the second youth who was placed in Community Based Care with her grandmother when the relationship became very contentious and the youth became verbally aggressive and would not follow the house rules. Crisis Stabilization was used to deescalate the immediate situation and work with the youth and grandmother to mediate the presenting issues and support the grandmother's efforts at behavior management.

- c. **From the county perspective, is there a need to improve the effectiveness of crisis stabilization? If yes, how will this be accomplished?**

☐ Yes ☒ No Explain:

Crisis Stabilization has worked well for each of the youth and their families as a means to deescalate volatile situations in the home and support and strengthen the youth and family's effort to reintegrate and/or stabilize the youth into the home successfully. Youth have been able to leave contentious family/placement situations briefly so their behaviors did not escalate further while the FST gathered to identify the interventions needed to stabilize the family situation so that the youth could return home with the support necessary to remain successfully in Community Based Care.

As referenced in 2.b. above, Crisis Stabilization is not a service that is available for youth served by Probation as a result of their legal status with the Juvenile Court. Although this cannot be changed, it is important to acknowledge that this clearly withholds a crisis intervention strategy that has shown promise in helping youth served by Child Welfare stabilize in their Community Based Care placements.

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**Section B - Client Involvement:**

- 1. Using the Child and Adolescence Needs and Strengths (CANS) data provided by Walter R. McDonald & Associates (WRMA), address the following:**

- a. Describe any trends indicated by the data.**

With the exception of Substance Use Complications domain, there is improvement in all CANS domains for the youth enrolled in RBS for the second follow-up period as compared to the baseline data. The domains that showed the most improvement included Family Caregiver/Needs and Strengths, Child Safety & Child Strengths.

- b. Can any conclusions be made from the data? If yes, what are they? If no, why not?**

**[ x ] Yes [ ] No Explain:**

The slight increase in the Substance Use Complications is attributed to the fact that the youth have less structure and supervision when they begin to spend more time in the community and transition fully into Community Based Care which gives them more opportunity to engage in substance use.

The increase in domain status in the area of Family/Caregiver Needs and Strengths is attributed to the wide array of services and supports, including providing FFT (Functional Family Therapy), an evidenced based approach to family therapy, that are provided to assist the family in preparing for the youth's transition home. The support provided to the family by the Family Partner plays a large role in orienting and engaging RBS families in planning and services.

The increased scores in the Child Strengths domains are believed to be the result of the individualized services and supports that youth receive in the program, which include individual therapy, working with the youth to strengthen their family and community connections, and the work that is done to provide interventions that are strength based and build on the youth's success.

The increased scores in the area of Safety are attributed to the unwavering focus on safety throughout the youth's enrollment in RBS that includes the development of a Crisis Plan for each youth that speaks to mitigating risk of harm to the youth.

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- 2. a. Complete the table below on family and youth participation in child/family team meetings.**

<b>Total Number of Youth:</b>	<b>Total Number of Youth with at least one Supportive Adult:</b>	<b>Number of Youth Participating in at least 90% of their Child/Family Team Meetings:</b>	<b>Number of Youth with Supportive Adult(s) Participating in at least 90% of that Youth's Child/Family Team Meetings:</b>
<b>29</b>	<b>27</b>	<b>29</b>	<b>27</b>

- b. If youth did not participate, explain why not.**

The Family Support Team Meeting (FST) is the instrument for service planning and decision-making during the youth's enrollment in the RBS Program. Because family and youth engagement are key value of the Sacramento RBS Program, each RBS provider ensures that FSTs are scheduled at times that are convenient for the youth and family so that there is consistent youth and family voice and choice in service planning and decision-making. All of the youth participate in their FST's at least 90% of the time. There are 2 youth that do not have a consistently supportive adult that is participating in the FST at least 90% of the time. Both youth are now preparing to transition into Community Based Care in a foster home and the foster parents are beginning to attend the FSTs.

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**Section C- Client Satisfaction:**

- 1. Using the Youth Satisfaction Survey (YSS) and Youth Satisfaction Survey-Families (YSS-F) data provided by WRMA, specifically satisfaction measured in items 1-15 of the YSS and YSS-F and outcomes measured in items 16-22 of the YSS and YSS-F, address the following:**

**a. Describe any trends in the data.**

The YSS domains for youth satisfaction all showed a slight improvement from the Baseline Data. Although improvement was minimal, the initial scores were relatively high, ranging from 3.6 – 3.9 out of a possible high score of 5.

The YSS-F Summary Domain Scores also indicate that family satisfaction in the areas of Satisfaction with Services, Child and Family Voice and Choice and Well-being were very high at the initial survey and continued to be very high for the follow-up period.

**b. Can any conclusions be made from the data? If yes, what are they? If no, why not?**

**[ x ] Yes [ ] No Explain:**

It can be concluded that there is general satisfaction on the part of youth enrolled in the RBS Program with services, the inclusion of the youth and family in planning and decision making and overall well-being. This satisfaction correlates with the high number of youth and family participating in the FST's and to the strength-based approach to services and support that serves as a foundational approach taken by each RBS provider to working with youth who are enrolled in RBS and their families and the efforts made to continue to strengthen the youths connections to their family and community.

Similar conclusions can be drawn about why families are highly satisfied with services, the opportunity to participate in planning and decision making for their youth and experience a high overall sense of well-being with the RBS program services and support. RBS operates from the family value of "nothing about us, without us" and steps are taken throughout the youth's enrollment in the program to engage and support family involvement in both the Residential and Community Based Care components of the program. FSTs are scheduled at times that are convenient for the family and do not go forward without the family's participation and input. Additionally, ensuring that the family's basic needs are met so that they can be present and

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involved in the care and planning for their youth is recognized as a critical first step in assessing how to support the family and work with them to strengthen their capacity to care for the youth in the community. RBS also strives to create a support network for families during the time their youth is enrolled in RBS through educational and support groups and the inclusion of families in recreational activities and outings.



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**Section D – County and Provider Use of RBS Program:**

1. a. Has the operation of the program significantly changed from the original design described in the approved plan? If yes, describe the change.

☐ Yes ☒ No Explain:

As referenced in Section 2b., the Juvenile Court would not authorize the use of Crisis Stabilization through the return of youth from Community Based Care for brief stays in Residential Care for the purpose of stabilizing behavior and/or crisis management . This decision has resulted in the removing the Crisis Stabilization option, as described in the RBS Program model, for this population of youth. Otherwise, there have been no significant changes to the RBS Program operation from the original design described in the approved RBS Program and Fiscal Model. However, on an exception basis, Martin's Achievement Place has utilized another house in their non-RBS Program to house youth when the youth's behavior was disruptive and threatening to other youth in the RBS Program house.

- c. If yes, how has this adaptation impacted the effectiveness of the  
d. project?

Although it is still early in program operation, the absence of a Crisis Stabilization option for Probation youth does appear to have impacted the stability of youth in Community Based Care in that 2 Probation youth were discharged prior to successful completion of the RBS Program during the Community Based Care phase of the program after behavior escalated to a level that warranted Probation violation action by the Probation Officer. Quality Group Homes is currently working collaboratively with Probation to explore other options and interventions that will support the family and youth during crisis in an effort to prevent that level of escalation.

Placing an RBS youth briefly in a non-RBS house resulted in successfully stabilizing the youth and the RBS milieu. This measure was believed to be preferable to either moving the youth to a foster home for a brief period of time or, at worst, discharging the youth from the RBS Program. The Sacramento RBS provider programs are relatively small and, in the absence of brief commingling for the purpose of stabilizing youth, there are limited options for arranging "time outs" when they are needed for behavior management purposes. The use of the non-RBS house for a brief period of time did not negatively impact the effectiveness of the RBS Program for either the youth that was briefly moved or the other residents in the RBS house.

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2. **Describe the interactions (such as, collaborative efforts towards placements, exits, services planning, etc.) among and between the county agencies (including Child Welfare Services, Mental Health, Probation, Regional Center, etc.), the provider(s), and other community partners.**

Sacramento County continues to attribute the successful implementation of RBS to the strong public/private partnership that has existed from the first days of RBS planning that began in 2008. Although there has been some evolvement over the years of team membership, the RBS Local Implementation Team, currently consisting of 26 partners, including child welfare, probation, mental health and providers, continues to meet twice monthly for the purpose of reviewing overall implementation progress and the progress of youth in the program. The Local Implementation Team meetings serve as the primary forum for ongoing collaboration between county agencies, providers and community partners related to the administration and utilization of RBS in Sacramento County. It is the charge of the LIT to ensure the quality and fidelity of services to all youth enrolled in RBS and their families and to decide how to strengthen practice so that it continues to align with RBS values and principles.

In addition to the LIT other practice level collaborative efforts include:

- **Team Decision Making/Recommendation Team Meetings-** Team Decision Making (child welfare) and Recommendation Team (probation) meetings are held for each youth referred to the RBS Program to determine whether RBS can meet the individualized needs of the youth and family. The social worker/probation officer, provider, youth, parent, and other key stakeholders (family support, mental health, education, child's attorney, CASA) are present for this consensus based process. If a parent, family member or other team member cannot be physically available for this meeting, telephone conferencing is utilized.
- **Family Support Team Meetings-** Family Support Team (FST) meetings are held within 2 weeks of every youth's enrollment in the RBS Program and at least monthly thereafter. Emergency FST Meetings can be held to address immediate care planning needs. The purpose of the FST is to provide a forum consensus based coordinated, comprehensive care planning throughout the youth's enrollment in the RBS Program. All key care planning decisions are made by the FST, including decisions about transitioning the youth to Community Based Care and the timing of the youth's graduation/exit from the RBS Program. Core FST members include the youth, family, provider team, and social worker/probation officer. Other key stakeholders, i.e., family support, mental health, education, child's attorney and CASA participate on a case by case basis.
- **Care Review Team Meetings-** Care Review Team Meetings (CRT) are a process for providing support and assistance to the Family Support Team for the purpose of achieving positive outcomes for youth and families

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participating in the RBS Program. The Care Review Team works collaboratively with each FST to explore ideas and develop recommendations for improvement of the adequacy and appropriateness of services and to build upon youth and family strengths to help them address needs that are behind family disruptions and move toward permanency objectives that support the youth's successful transition back to his/her family setting. The CRT mobilizes peer expertise across child/youth service systems to advance RBS practice improvement, reduce barriers faced by the FST and maximize local resources. The Care Review Team is a representative body from partnering public/private agencies, families and community who share responsibility and accountability to help ensure a commitment, understanding and practice of RBS values and principles.

The interaction between county agencies, providers and community partners in the LIT and each of the described collaborative forums/processes continues to be generally positive. The relationship also continues to grow, develop and become stronger as the partners work together to implement the RBS Program and develop a community of practice that is aligned with the RBS values and principles. The following are examples of how the RBS collaborative has worked together to meet challenges that have surfaced during this report period:

- Issues have arisen during the Care Review Team process that resulted in two providers and the county having differing recommendations regarding the discharge of youth from the respective RBS programs prior to successful graduation. Providers believed the youths' behavior placed other youth and the staff in the program at risk and did not see a way that additional services and/or interventions would mitigate the presenting dangers. The county staff and the CRT panel believed that there were interventions that could be used that would help mitigate the danger and eventually stabilize the youth. The CRT forum was utilized to address the differing positions and, through that process and the use of the FST, the issues were resolved. Additionally, work was subsequently done by representatives from all partnering agencies to clarify the CRT purpose and shore up the CRT process so that it would better meet the needs of all participants when differences do arise.
- A similar, albeit reverse, situation occurred when a provider challenged the county's desire to disenroll a youth who was not successful in their transition to a foster home in Community Based Care. In partnership, the provider and county social worker worked within the FST to revise the Comprehensive Care Plan for this youth to address the presenting behavior management issues and develop an alternative permanency plan.

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- 3. Have there been any significant differences from the roles and responsibilities delineated in the approved plan for the various county agencies and provider(s)? If yes, describe the differences.**

**[ ] Yes [x] No Explain:**

There have been no significant differences from the roles and responsibilities delineated in the approved plan for the various county agencies and providers in the operation of Sacramento County RBS. However, it is a desire of the LIT to look at how to integrate Family Finding and Family Engagement activities into each of the provider's RBS programs. As addressed in the previous County Annual Report, Family Finding and Family Engagement was not a service component that was funded in the Sacramento RBS program model, largely because of a lack of available funding to support the work. It was also assumed that because a criterion for youth to be enrolled in the RBS program included having an available adult who was standing up as the youth's permanent connection, that Family Finding would not be a critically needed service. What has now been learned from experience is that permanency options can fall away and the absence of Family Finding and Family Engagement services makes it difficult to develop alternative permanency options for youth in the 18 month RBS time frame.

- 4. Were RBS enrollments sufficient during the reporting period? If no, why not?**

**[ ] Yes [x] No Explain:**

The Sacramento RBS Program has not been at full capacity since the September 16<sup>th</sup>, 2010 start date. The county placement systems have been difficult to change, even though there is early indication of successful outcomes for RBS youth and their families. This has been a concern for providers who have budgeted and staffed to full capacity, but also for all partners of the LIT who want to ensure that all eligible youth have access to RBS and a hope for permanency. A number of measures have been taken by the key stakeholders in an effort to identify and support the enrollment of eligible youth. Those measure include:

- Ongoing social marketing at county unit and bureau meetings
- Putting a system in place that alerts the RBS social work supervisor of potentially eligible youth who are placed in the child welfare assessment program
- Team follow-up by the social work supervisor, social worker and provider staff to determine youth eligibility and the interest and willingness of the youth and family to participate in RBS
- Expedited RBS TDM meetings
- Provider participation in a Permanency Faire to showcase RBS
- Provider attendance at county meetings to introduce RBS services

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- Interviews are conducted of eligible Probation youth awaiting placement at the Youth Detention Facility

This is an area that will continue to need attention by the RBS partners. If Family Finding and Engagement can be integrated into the existing array of RBS services, consideration will be given to requesting authorization from CDSS to modify the enrollment criteria so that it does not exclude youth who do not have an existing permanency connection. That change would serve to increase the potential number of eligible youth for the program. In the meantime, enrollment progress will continue to be monitored at each LIT Meeting and new strategies developed to build the RBS census.

### **5. Describe how the county and provider(s) managed RBS staff resources (e.g., filling vacancies, redefining job qualifications, eliminating positions, etc.)**

The county originally began the RBS Pilot with 2 designated RBS social workers and 1 designated RBS probation officer. Approximately 4 months ago, one of the RBS social workers moved to another position. A decision was made to transfer her cases to the remaining RBS social worker and not designate another social worker until the enrollment of child welfare youth in RBS increased significantly. That arrangement is currently working well and the RBS social worker is able to fully partner with the RBS providers, youth and their families. The RBS probation supervisor has continued in her position without interruption and is also fully partnering with the RBS probation provider and the probation youth and their families.

Martin's Achievement Place (MAP) continues to hold open the positions of Transportation Worker, Behavior Intervention Specialist and Family Engagement Specialist, although listed in the original plan. MAP has been able to utilize the positions of House Manager, Youth Partner, Family Partner, and Family Specialist to provide transportation needs of youth and families. The use of these positions for transportation has also proven effective in supporting the engagement of families in the Family Support Team process. The Youth Partner has filled several tasks of the Behavior Intervention Specialist and the Family Partner and Family Specialist have assumed additional responsibilities of the Family Engagement Specialists. MAP has also experienced turnover in the positions of Family Care Worker which have been addressed through the hiring of residential Child Care Workers in our non-RBS program.

MAP has continued to operate RBS and achieve good outcomes while occupancy levels have been low. If challenges continue in meeting the original projected occupancy of 90%, there will need to be a reevaluation of the staffing and RBS service

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package.

The Children's Receiving Home of Sacramento (CRH) has been operating since July of 2011 with a full team consisting of; 1 PTE 0.5 Clinical Program Manager, 2 FTE Comprehensive Care Coordinator, 1 FTE Family Specialist, 1 PTE 0.5 Family Partner, 1 PTE 0.5 Youth Advocate, 1 FTE Residential Supervisor, 1 FTE Behavioral Intervention Specialist, and 7 FTE Residential Counselors (1 to 4 ratio).

CRH has experienced turn over with regards to both residential counselors and our original FFT therapist transitioned from our Agency in October 2011. A replacement FFT therapist was hired in October 2011, however was not able to be FFT trained until January 2012. As an agency, we were grateful that the timing of introducing FFT to our enrolled families has worked out well, however it was a challenge to have an FFT therapist who was limited in the types of interactions she could have with youth and families in order to honor FFT fidelity and role clarification. While recruiting can be time consuming, Management is decidedly conscientious about selecting staff that will best serve the youth and families while also remaining committed to RBS practices.

There has been little to no redefining job qualifications and eliminating positions in the CRH RBS Program. During the initial phases of implementation, due to fiscal reasons, staff were brought on as enrollment increased and there were more youth and families to serve. The positions that have been filled appear to have been designed fairly well, allowing the youth and families to receive the services they need, while also providing the structure needed to maintain program integrity.

Quality Group Homes (QGH) has been operating since November 2010 with a full team consisting of 1 FTE Behavior Intervention Specialist, 1 PTE 0.15 Clinical Supervisor, 1 PTE 0.15 Clinical Director, 1 PTE 0.25 Program Director, 1 FTE Comprehensive Care Coordinator, 1 PTE 0.5 Family Partner, 7 FTE Child Care Staff, 1 FTE Residential Supervisor, 1 PTE 0.5 Residential Manager, 1 PTE 0.5 FFT Therapist, 2 PTE 0.5 Intern Therapists, 1 PTE 0.5 Youth/Family Specialist, 1 PTE 0.5 Youth Mentor, 1 PTE 0.75 Program Aid, 1 PTE 0.1 Psychiatrist and 1 FTE Educational Specialist.

QGH has experienced turn over mainly with regard to clinical staff, and for a period of a few months, the Comprehensive Care Coordinator (CCC), Functional Family Therapy therapist and Youth/Family Specialist positions were not filled as a result of the rehiring process. Existing staff made concerted effort to coordinate and keep the integrity of the RBS program in place. Another local RBS provider FFT therapist worked with families that were ready for family therapy until a new therapist could be hired and trained. FFT is currently running and operating smoothly. Additionally, the Youth/Family Specialist was on leave and instead of hiring someone new, existing staff filled in to complete the expected roles. Management ensured key roles and responsibilities were fulfilled during the brief period when positions were vacant.

Since the implementation of RBS, QGH RBS Program job roles and qualifications have

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remained largely unchanged with the exception of the Educational Specialist. As a result of the high education support need of the youth enrolled in the program, that position was modified from a .5 PTE to a 1.0 FTE.

The only open RBS Program position that has not been filled at QGH is the Occ/Rec Specialist position. The decision to not fill this position during this report period was because the needs of the youth were centered on behavior management, educational and family relationships and resources have been focused on those areas.

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### Section E –County Payments to Nonprofit Agency(ies):

Note: The payments reported here are from the county records as recorded on a cash basis during the reporting period from January 1 to December 31, for all providers participating in the RBS demonstration project.

1. For Questions a through c, please complete the table below:
  - a. Report the total payments from all fund sources paid to the provider(s) for RBS during the period the report covers under each of the following:
    - AFDC-FC (The amounts reported here should come from the amount reported under G1, amount claimed per fiscal tracking sheet. They will not be equal because G1 is cumulative for the project and E1 is only for the reporting year.)
    - EPSDT
    - MHSA
    - Grants, loans, other (Itemize any amounts reported by source.)
  - b. Provide the average months of stay for all children/youth in residential (group home) care during the reporting period.
  - c. Provide the average months of stay for all children/youth in community services (not in group home) during the reporting period.

	AFDC	EPSDT	MHSA	Other	Total
Amount Paid for Residential	\$1,562,485	\$545,621.	\$	\$	\$2,108,106
Amount Paid for Community	\$169,176	\$110,723.	\$	\$	\$279,899
Total Amount Paid	\$1,731,661	\$656,344.	\$	\$	\$2,388,005
Avg Months of Stay in Residential	7.2	—	—	—	
Avg Months of Stay in Community	3.1* *Youth did not begin to move into CB care until 5/11	—	—	—	
Avg AFDC Payment Per Youth in Residential	\$57,870	\$19,486	—	—	\$77,356
Avg AFDC Payment per Youth in Community	\$14,098	\$9,226	—	—	\$23,324



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2. **Were any changes made to the Funding Model in order to manage payment shortfalls/overages, incentives, refunds during the reporting period? If yes, explain what the changes were and why they were needed.**

☐ Yes ☒ No Explain:

The RBS funding model consists of a flat rate for both the Residential and Community Based Care components of RBS and there were no changes made to the Funding Model to manage shortfalls/overages, incentives, or refunds during the reporting period.

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**Section F – Actual Costs of Nonprofit Agency(ies):**

Note: The amounts reported here should be based on each provider's accounting records for RBS for the period from January 1 through December 31, and be on a basis consistent with the method used to report costs on the annual A-133 Financial Audit Report (FAR) and SR-3 document filed with CDSS.

1. a. For residential costs, complete the table below displaying provider actual costs compared to the RBS proposed budget included in the approved Funding Model. If there is more than one provider in the demonstration project, combine the individual provider data into one table for the project. The wording in the chart below is consistent with the SR-3 financial report. Definitions are listed in the instructions (RBS Letter No. 04-11).

**Actual Costs in RBS Residential:**

<b>Expenditures:</b>	<b>Proposed Budget for the Period</b>	<b>Actuals for the Period</b>	<b>Over/(Under) Budget</b>
Total Salaries & Benefits	\$1,778,603	\$908,785	\$(869,818)
Total Operating Costs	\$210,771	\$203,645	\$(7,126)
Total Child Care & Supervision Costs	\$1,989,374	\$1,112,430	\$(876,944)
Total Mental Health Treatment Services Costs	\$763,687	\$566,835	\$(196,852)
Total Social Work Activity, Treatment & Family Support Costs		\$	\$
Total Indirect Costs	\$193,987	\$197,335	\$3,348
Total Expenditures	\$2,947,048	\$1,876,600	\$(1,070,448)

- b. Does the difference between the actual provider costs and the proposed budget exceed 5% on any line item above? If yes, explain what caused the variance and whether this difference is expected to be temporary or permanent.

☒ Yes   ☐ No   Explain:

The variances for the Proposed Budget RBS Residential budget and the Actuals for 2011 are mostly due to having only about 50% of the projected youth census during this report period. The less than expected and irregular intake flow has made it difficult to staff appropriately and hire timely, resulting in having to sometimes cover with non-dedicated RBS staff which has not been captured in the actual costs. A decreased census that is significantly lower than the 90% occupancy projected has necessitated careful thought and choices in the deployment of RBS resources to

**Residentially Based Services (RBS) Reform Project  
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minimize excess expenditures. The overages reported in the Indirect Costs column are primarily related to increases in food, transportation, Direct Family Support and client personal needs expenses over and above what is typically budgeted for a traditional residential program that were underestimated for this period.

In general, the low and irregular census has made it difficult to evaluate the appropriateness of the funding model. It is expected that this variance will decrease greatly as referrals and intakes stabilize and begin to align with the projected census.

2. a. For community costs, complete the table below displaying provider actual costs compared to the RBS proposed budget included in the approved Funding Model. If there is more than one provider in the demonstration project, combine the individual provider data into one table for the project. This wording in this chart is consistent with the SR-3 financial report. Definitions are listed in the instructions (RBS N Letter No. 04-11).

**Actual Costs in RBS Community:**

<b>Expenditures:</b>	<b>Proposed Budget for the Period</b>	<b>Actuals for the Period</b>	<b>Over/(Under) Budget</b>
<b>Total Salaries &amp; Benefits</b>	\$365,438	\$221,998	\$(143,440)
<b>Total Operating Costs</b>	\$64,577	\$66,785	\$2,208
<b>Total Child Care &amp; Supervision Costs</b>	\$430,075	\$288,783	\$(141,292)
<b>Total Mental Health Treatment Services Costs</b>	\$203,359	\$164,881	\$(38,478)
<b>Total Social Work Activity, Treatment &amp; Family Support Costs</b>	\$	\$	\$
<b>Total Indirect Costs</b>	\$46,958	\$46,118	\$(840)
<b>Total Expenditures</b>	<b>\$680,392</b>	<b>\$499,682</b>	<b>\$(180,710)</b>

**Residentially Based Services (RBS) Reform Project  
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- b. Does the difference between the actual provider costs and the proposed budget exceed 5% on any line item above? If yes, explain what caused the variance and whether this difference is expected to be temporary or permanent.**

☐ Yes ☒ No Explain:

As reported and described in section 1b. above, the impact of a lower than projected census in all RBS provider programs has resulted in budgeting variances that exceed 5%. It is expected that there will be less variance in the next report period as the RBS census increase in both the Residential and Community Based Care components of the program.

- 3. Were there extraordinary costs associated with any particular child/youth (i.e., outliers as defined in the Funding Model)? If yes, provide the amount of the cost and describe what it purchased.**

☐ Yes ☒ No Explain:

The Children's Receiving Home and Martin's Achievement Place had no extraordinary costs associated with any youth outliers.

- 4. Has the county performed the fiscal audit required by the MOU? If yes, describe any problems/issues with the provider's operations or implementation of the Funding Model that were disclosed by the fiscal audit performed. If no, when will that audit occur?**

☐ Yes ☒ No Explain:

The county fiscal audit will not begin until March 2012 with the expected completion date of July 2012

**Residentially Based Services (RBS) Reform Project  
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**Section G – Impact on AFDC-FC Costs:**

1. This is a cumulative report from the beginning of the project. Amounts reported are based on the amounts included in the claim presented to CDSS. Using the RBS claim fiscal tracking sheets, please complete the information below for all children served by RBS from the start of the project to the end of the reporting period:

**RBS Payment for All Children Enrolled in RBS from the Start of the Project Through the End of the Reporting Period:**

<b>Total Children Served In RBS: 28*</b>	<b>Total</b>	<b>Federal</b>	<b>State</b>	<b>County</b>
<b>Federal Payments:</b>				
<b>Residential:</b>	\$1,258,164	\$ 604,513	\$117,283	\$ 536,368
<b>Community:</b>	\$ 92,211	\$	\$	\$ 92,211
<b>Total Federal Payments:</b>	\$1,350,375			
<b>Non-federal Payments:</b>				
<b>Residential:</b>	\$382,149	\$	\$83,614	\$298,535
<b>Community:</b>	\$76,965	\$	\$	\$76,965
<b>Total Non-federal Payments:</b>	\$459,114			
<b>Total RBS Payments</b>	\$1,809,489			

\*A total of 29 youth were enrolled in 2011. However, a youth that was enrolled on 12/21/11 was not considered in these calculations due to the short time spent in the RBS Program during 2011.

Note: It is possible to have federal funds used in the Non-federal Payment (i.e., non-federal RBS children) category. These payments would be the federal share of any Emergency Assistance Funding used in the RBS program up to the first 12 months of a child's stay in RBS. The amounts reported would come from the non-federal fiscal tracking sheet, and are based on the instructions provided in RBS Letter No. 03-11.

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2. **Of the children reported in G1 above, please complete the information below for all children who successfully entered and exited RBS in 24 months, or remained in RBS for a full 24 months.**

Note: When completing G2, it is important to understand how G2, G3, and G4. work to form the comparison to regular AFDC costs. Section G4 is a comparison of cost for those children who have completed RBS (From G2) to the cost of regular foster care based on the target group base period (G3). In this context, a child "completing RBS" is one who has either entered the program and then exited after successfully completing his/her RBS program goal, or one who has entered the program and remained in the program longer than the base period (24 months). The comparison in Section G4 is done only for those children who have successfully completed the RBS program goal or are still in the program at the 24 month mark. The count of children for Section G2 and the related costs are only for those children who have completed the RBS program or remained in RBS longer than 24 months. For example, a child entering RBS who remains in the program for only 3 months and then is disenrolled would not be included in G2. A child entering RBS and still in the program at month 26 would be included in G2.

**RBS Payments for All Children Entering and Exiting RBS in the 24 Month Period or Remaining in the Program for Longer than 24 Months. (Include all children meeting this condition from the beginning of the project.):**

<b>Total Children Completing RBS: __1*__</b>	<b>Total</b>	<b>Federal</b>	<b>State</b>	<b>County</b>
<b>Federal Payments:</b>				
<b>Residential:</b>	\$	\$	\$	\$
<b>Community:</b>	\$	\$	\$	\$
<b>Total Federal Payments:</b>	\$			
<b>Non-federal Payments:</b>				
<b>Residential:</b>	\$66,440.	\$	\$9,856	\$56,584
<b>Community:</b>	\$25,420.	\$	\$10,168.	\$25,420
<b>Total Non-federal Payments:</b>	\$91,860			
<b>Total RBS Payments:</b>	\$91,860			

**\*This was a non-Federally eligible youth**

**Note: County includes \$25,537 2011 Realignment Funds**

**Residentially Based Services (RBS) Reform Project  
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3. Using the approved Attachment A from the Funding Model and the number of children reported in G2 (above), complete the information below regarding the expected base Foster Care costs for RBS target population children that otherwise would have been served in Foster Care.

Note: Since this is used to compare the base AFDC-FC rates had the RBS youth remained in regular foster care, the "Approved Base Rate Per Child" is the weighted average of AFDC-FC payments for RCL 12 and RCL 14 placements as described and approved in the Funding Model. The "Approved Base Months in Regular Foster Care" section is the approved comparison length for the RBS youth had they remained in regular foster care. For all RBS counties, the approved base months in regular foster care is 24 months, based on the demographic for the current length of stay in a group home for the target group. The "Applicable Federal Funds Rate" is the percentage of federal funds rate based on the Federal Medical Assistance Percentage (FMAP) used in the RBS claim. The CAR template has this FMAP funding rate pre-loaded at 50% because all of the RBS Funding Models used the pre-ARRA FMAP rate of 50% for approval purposes. However, because Section G1 of the CAR instructs counties to use financial costs based on the RBS Fiscal Tracking sheets, counties must use the ARRA rate in effect for that month and quarter. For the months through and including December 2010, the ARRA rate is 56.2%. For the months beginning January 2011, the ARRA rate will decline until it reaches 50% beginning July 2011. Details on the ARRA rates used in the RBS claim are in an RBS claim letter. In order to produce a correct comparison of costs between sections G1, G2 and G3, whatever federal funds rate is used in Section G1 should be the same rate used for G2 and G3.

**Note: If zero have completed, enter zero for this reporting period comparison.**

**AFDC Base for Comparison:**

Approved Base Rate Per Child:	\$ 8,031	(from H2, above)
Number of Children Completing RBS:	1	
Approved Base Months in Regular Foster Care:	24	
Applicable Federal Funds Rate:	N/A-non-Fed youth	

	<b>Total</b>	<b>Federal</b>	<b>State</b>	<b>County</b>
<b>Base Payment for Target Group:</b>	\$192,744.	\$0	\$77,098.	\$115,646

**Residentially Based Services (RBS) Reform Project  
County Annual Report (CAR)**

4. a. For those children who have completed the RBS program, using the information from G2 and G3, subtract G3 from G2 and complete the following information:

	Total	Federal	State	County
RBS Incremental Cost/(Savings)Based On Program Completion:	\$ (100,884)	\$0	\$ (67,242)	\$ (33,642)

- b. What aspects of operating RBS contributed to the cost/savings compared to regular Foster Care?

The intensive array of individualized Residential and Community Based services provided to the youth and her family made it possible for this youth to have a shortened length of stay in the RBS program as compared to the baseline 24 months of care for group home youth. Additionally, this was a non-Fed youth and the County and State portions of the Community Based Care rate were lower than the equivalent/traditional group home care rate, resulting in more savings.

5. Has EPSDT usage changed when compared with the typical usage by similar children/youth in traditional foster care? If yes, explain how it is different.

☐ Yes ☒ No Explain:

The total RBS EPSDT funding paid to all providers for the time period 1/1/11-12/31/11 was \$656,344. The following is a breakdown of expenditures by provider:

Children's Receiving Home of Sacramento	\$207,774
Martin's Achievement Place	\$126,711
Quality Group Homes, Inc.	\$321,859

The average cost per youth per months was \$2,693, which is on target with the budgeted \$2,667 per month.

The baseline costs for EPSDT cost for youth in foster care in Sacramento County was determined to be \$1,200 per month which indicates that the current EPSDT expenditures for RBS enrolled youth, although lower than the budgeted \$2,667 per month, exceeds the typical usage for youth in foster care.



**Residentially Based Services (RBS) Reform Project  
County Annual Report (CAR)**

6. **Has MHSA usage changed when compared with the typical usage by similar children/youth in traditional foster care? If yes, explain how it is different.**

☐ Yes ☐ No **Explain:** N/A

MHSA funds are not used in the Sacramento County RBS funding model.

## Residentially Based Services (RBS) Reform Project County Annual Report (CAR)

### **Section H – Lessons Learned:**

#### **1. Describe the most significant program lessons learned and best practices applied during the reporting period.**

The Sacramento RBS Program has learned a number key program lessons from the experience of RBS operation during this report period. The most significant lessons learned and the best practices that have emerged include:

- The strong collaborative partnership that exists among the key RBS stakeholders continues to be important to ensuring the fidelity to RBS values and practices as new challenges and success emerge in program operation and experience. The partnership continues to be strengthened by the existence of the Local Implementation Team (LIT) meetings and the Care Review process which serve as the primary ways that the RBS partnership works together in a structured manner to support and grow the quality operation of the program.
- Family Finding was not built into the original RBS Program Model which has significantly limited the strategies available to assist the FST in developing concurrent permanency plans for youth enrolled in RBS. The RBS stakeholders have agreed that this gap in the array of permanency services must be addressed to ensure that all youth enrolled in the program are able to exit with a permanent connection.
- The “open door” policy for families, emphasis placed on strengthening family connections and the engagement of youth and families in the decision-making and the planning process during the youth’s enrollment in RBS has been instrumental in giving the family and youth the hope and support to stay engaged in the permanency planning process.
- The availability of Family Partners to orient the family to the RBS Program to support the family’s involvement throughout the youth’s enrollment in RBS has been instrumental in ensuring the family’s voice and choice is always considered in decision-making and services planning and that any needs of the family that stand in the way of permanency are addressed.
- The role of the Youth Mentors/Advocate has essential to providing the youth enrolled in RBS guidance and advocacy and ensuring they have a platform of voice and choice.
- Continued attention needs to be given to a tension that sometimes develops between the provider and the county regarding continuing to enroll youth in the RBS Program after the provider questions whether the needs of the youth can be met within the program without disrupting the progress of other enrolled. The Care Review Team process should continue to be used to provide an opportunity for key partners to come together to develop plans and approaches for these youth that align with RBS values and principles.
- It is critical to ensure that continued efforts are made to engage the family and youth when the youth transitions to Community Based Care and that crisis plans are in place and carried out to address any regression in the youth’s progress so that the successes realized in the Residential component of the program can be supported and sustained.

**Residentially Based Services (RBS) Reform Project  
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- Continued strategies need to be developed to increase the awareness of RBS and strengthen the referral process so that providers are able to operate at a 90% capacity and to ensure that youth who are eligible to RBS have access to the program services.
- After some modification of Functional Family Therapy to fit the constructs of RBS, the evidenced based practice therapeutic practice is working well as a foundational family therapy approach for the RBS Program. Families have provided positive feedback about the approach and it is serving to support the successful transition of the youth back into family care.

**2. Describe the most significant fiscal lessons learned and best practices applied during the reporting period.**

The most significant fiscal lessons learned include:

- The County's automated payment system (CalWIN) cannot accommodate the RBS payment rates for Residential and Community Based Care or payment to the provider when the youth has been returned to Community Based Care and the family has claimed AFDC benefits for the youth. This has resulted in the necessity of developing a cumbersome and resource intensive manually tracking and payment system for youth enrolled in RBS. If RBS is expanded to include additional youth in the future, a permanent solution to these issues would need to be developed.
- The 90% census projected in the Fiscal Model is necessary to ensure the wide array of the RBS program services and supports is consistently available throughout program operations and key to the providers' ability to fully staff their individual RBS program.

## Attachment II

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<b>Non-Profit Corporation Name:</b>	Martin's Achievement Place, Inc.	<b>Program Number:</b>	0176.10.01	<b>Contact Person:</b>	Geri Wilson
<b>Period Covered:</b>	Activity through..... 12/31/2011			<b>Telephone Number:</b>	(916) 337-7222
					<b>Date Completed:</b> 2/5/2012

[illegible]

1	RBS Case Open with Youth in Residential Group Care
2	RBS Case Open with Youth in "Bridge" Foster Care
3	RBS Case Open with Youth in Permanent Placement with RBS Aftercare Services
4	RBS Case Closed: Graduation
5	RBS Case Closed: Exit before Graduation due to Emancipation
6	RBS Case Closed: Exit before Graduation for Reason other than Emancipation
7	RBS Case Closed: Voluntary Closure
8	RBS Case Closed: AB 3632 Eligibility Ends

## Attachment II

<b>Non-Profit Corporation Name:</b>	Martin's Achievement Place, Inc.	<b>Program Number:</b>	0176.10.01	<b>Contact Person:</b>	Geri Wilson
<b>Period Covered:</b>	Activity through..... 12/31/2011	<b>Telephone Number:</b>	(916) 337-7222	<b>Date Completed:</b>	4/4/2012

[illegible]

**RBS DAYS OF CARE SCHEDULE**  
**County Annual Report -- Section A, Question 3a**

Attachment II

**COUNTY OF** SACRAMENTO

List the youth who have been admitted to your RBS program since you began operation and show how they have moved through the various stages of your program thus far (e.g. from the residential group care component, to "bridge" foster care, to reunification or another form of permanency).

**Non-Profit Corporation Name:** Quality Group Homes, Inc.

**Program Number:** 0205.10.01

**Contact Person:** Geri Wilson

**Period Covered:** Activity through..... 12/31/2011

**Telephone Number:** (916) 337-7222

**Date Completed:** 2/5/2012

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
Youth Enrolled			RBS Residential Group Care				RBS Community-Based "Bridge" Foster Care					RBS Aftercare in Permanent Placement, including Reunification				CURRENT STATUS			
Use Youth's Initials Only; List in order of Date of Admission	Date of Birth		Date Entered	Date Exited	Total Days Upon Exit	If Still In Group Care, Total Days To Date	Date Entered	Date Exited	Total Days Upon Exit	If Still In "Bridge" Foster Care, Total Days To Date	Number of RBS "Bridge" Foster Care Placements To Date	Did Child Incur Episodes For Crisis Stabilization?	Date Entered	Date Exited	Total Days Upon Exit	If Still In Aftercare or a Permanent Care Total Days To Date	Use Current Status Codes Below	For CLOSED Cases ONLY, Total Days In RBS	For OPEN Cases ONLY, Total Days In RBS
1			9/16/2010	5/2/2011	228	-			-	-		No	5/2/2011	10/19/2011	170	-	6	398	-
2			10/15/2010		-	442			-	-		No	10/31/2011		-	61	3	-	503
3			11/17/2010	7/5/2011	230	-			-	-		No	7/5/2011	12/31/2011	179	-	6	409	-
4			12/28/2010	7/5/2011	189	-			-	-		No	7/5/2011		-	179	3	-	368
5			2/16/2011	9/26/2011	222	-			-	-		No	9/26/2011		-	96	3	-	318
6			4/30/2011		-	245			-	-		No			-	-	1	-	245
7			7/21/2011		-	163			-	-		No			-	-	1	-	163
8			7/29/2011		-	155			-	-		No			-	-	1	-	155
9			11/1/2010	12/9/2010	38	-			-	-		No			-	-	6	38	-
10			10/4/2011		-	88			-	-		No			-	-	1	-	88
11			11/29/2011		-	32			-	-		No			-	-	1	-	32
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**Current Status Codes:**

- 1 RBS Case Open with Youth in Residential Group Care
- 2 RBS Case Open with Youth in "Bridge" Foster Care
- 3 RBS Case Open with Youth in Permanent Placement with RBS Aftercase Services
- 4 RBS Case Closed: Graduation
- 5 RBS Case Closed: Exit before Graduation due to Emancipation
- 6 RBS Case Closed: Exit before Graduation for Reason other than Emancipation
- 7 RBS Case Closed: Voluntary Closure
- 8 RBS Case Closed: AB 3632 Eligibility Ends

**RBS DAYS OF CARE SCHEDULE**  
**County Annual Report -- Section A, Question 3a**

Attachment II

**COUNTY OF** SACRAMENTO

List the youth who have been admitted to your RBS program since you began operation and show how they have moved through the various stages of your program thus far (e.g. from the residential group care component, to "bridge" foster care, to reunification or another form of permanency).

**Non-Profit Corporation Name:** The Children's Receiving Home of Sacramento      **Program Number:** 0205.10.01      **Contact Person:** Geri Wilson  
**Period Covered:** Activity through..... 12/31/2011      **Telephone Number:** (916) 337-7222      **Date Completed:** 2/5/2012

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
Youth Enrolled			RBS Residential Group Care				RBS Community-Based "Bridge" Foster Care					RBS Aftercare in Permanent Placement, including Reunification				CURRENT STATUS			
Use Youth's Initials Only; List in order of Date of Admission	Date of Birth		Date Entered	Date Exited	Total Days Upon Exit	If Still In Group Care, Total Days To Date	Date Entered	Date Exited	Total Days Upon Exit	If Still In "Bridge" Foster Care, Total Days To Date	Number of RBS "Bridge" Foster Care Placements To Date	Did Child Incur Episodes For Crisis Stabilization?	Date Entered	Date Exited	Total Days Upon Exit	If Still In Aftercare or a Permanent Care Total Days To Date	Use Current Status Codes Below	For CLOSED Cases ONLY, Total Days in RBS	For OPEN Cases ONLY, Total Days in RBS
1			9/16/2010	7/26/2011	313	-			-	-		Yes	7/26/2011		-	158	3	-	471
2			10/7/2010	6/15/2011	251	-			-	-		No	6/15/2011	10/19/2011	126	-	4	377	-
3			10/20/2010		-	345			-	-		No			-	-	1	-	345
4			11/18/2010	7/12/2011	236	-			-	-		No	7/12/2011		-	172	3	-	408
5			1/5/2011		-	268			-	-		No			-	-	1	-	268
6			1/27/2011		-	246			-	-		No			-	-	1	-	246
7			1/27/2011		-	246			-	-		No			-	-	1	-	246
8			4/22/2011		-	161			-	-		No			-	-	1	-	161
9			4/26/2011		-	157			-	-		No			-	-	1	-	157
10			9/8/2011		-	22			-	-		No			-	-	1	-	22
11			10/21/2011	12/16/2011	56	-			-	-		No			-	-	6	56	-
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**Current Status Codes:**

- 1 RBS Case Open with Youth in Residential Group Care
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- 7 RBS Case Closed: Voluntary Closure
- 8 RBS Case Closed: AB 3632 Eligibility Ends

## Attachment II

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<b>Non-Profit Corporation Name:</b>	Children's Receiving Home of Sacramento	<b>Program Number:</b>	0205.10.01	<b>Contact Person:</b>	Geri Wilson
<b>Period Covered:</b>	Activity through..... 12/31/2011	<b>Telephone Number:</b>	(916) 337-7222	<b>Date Completed:</b>	4/4/2012

[illegible]